

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD
N. B.--In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of birth stated.

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 195
Registered No. 241

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Miami No. 1113 Line Oak St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child

Eliza Urquijo

(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child

female

To be answered ONLY
in event of plural
births.

4. Twin, triplet or other

5. No., in order of birth

6. Legitimate?

yes

7. Date

of birth

May 25 1929
Month Day Year

8.

FATHER

Full name

Benjamin Urquijo

9. Residence

(Usual place of abode)

Miami, Arizona

If non-resident, give place and state.

10. Color or race

Mexican

11. Age at last birthday 24 (Years)

12. Birthplace (city or place)

(State or country)

Mexico

13. Occupation

Nature of industry

Miner
Copper

14.

MOTHER

Full maiden name

Leotilda Armendariz

15. Residence

(Usual place of abode)

Miami, Arizona

If non-resident, give place and state.

16. Color or race

Mexican

17. Age at last birthday 19 (Years)

18. Birthplace (city or place)

(State or country)

Douglas
Arizona

19. Occupation

Nature of industry

Housewife

20. Number of children of this mother

(Taken as of time of birth of child herein
certified and including this child.)

(a) Born alive and now living 2

(b) Born alive but now dead 0

(c) Stillborn 0

21. Were precautions taken against ophthalmia neonatorum?

yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was

alive
(Born alive or stillborn.)

at 8:50 A.M. on the date above stated.

Signature

J. J. Miller

M.D.

(Physician or midwife)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from
a supplemental report

Month, day, year

Address

Miami, Arizona

Filed

May 30 29 6.6.29

Registrar

Registrar

516 - 525 - 317